99 NOV 123

NOV 2 3 2004

FAX TRANSMISSION		
DATE: November 23, 2004		
PTO IDENTIFIER: Application Number N/A Patent Number Various Patent Numbers Inventor: Richard J. Kozerski et al.		
MESSAGE TO: US Patent and Trademark Office		
FAX NUMBER: (703) 872-9306		
FROM: RADER, FISHMAN & GRAUER PLLC		
Kristin L. Murphy		
PHONE: (248) 594-0647		
Attorney Dkt. #: 60680-0999		
PAGES (Including Cover Sheet):3		
CONTENTS: Fee Address Indication Form (1 page) and Certificate of Transmission under 37 CFR 1.8 (1 page).		
If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (248) 594-0647 and send the original transmission to us by returnal at the address below.		
This transmission is intended for the sole use of the individual and entity to whom is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.		
RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue, Suite 140, Bloomfield Hills, Michigan 48304 Telephone: (248) 594-0600 Facsimile: (248) 594-0610		

PTC/SB/97 (12-97)
Approved for use through 9/30/00. OMB 0851-0031
Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on November 23, 2004 Date

Kathryn L. Nash

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate

must identify each submitted paper.

Fee Address Indication Form (1 page) and Certificate of Transmission under 37 CFR 1.8 (1 page).

RECEIVED CENTRAL FAX CENTER

NOV 22 ...

"FEE ADDRESS" INDICATION FORM		
Address to: MS M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.		
Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:		
X Customer Number 1223]	
OR .	•	
Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).		
PATENT NUMBER		
(if known)	APPLICATION NUMBER	
6,527,275 6,675,657 6,797,402 6,532,737 6,675,750 6,824,874 6,536,779 6,676,898 6,640,233 6,679,502	*	
6,598,389 6,681,890 6,605,380 6,682,075 6,651,989 6,688,606 6,689,469 6,764,063		
6,659,469 6,764,063 6,672,594 6,764,079	100	
Completed by (check one):	//-3/	
Applicant/Inventor	Signature	
X Attorney or Agent of record 41,212	Kristin L. Murphy	
(Reg. No.) Assignee of record of the entire interest. See 37 CFF	Typed or printed name 3.71. (248) 594-0647	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/86/96)	Requester's telephone number	
Assignee recorded at Reel Frame	November 23, 2004	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
x *Total of 1 form is submitted.		
Fee Address Indication Form		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9906, on the date shown below.		
Dated: November 23, 2004 Signature: Full (Rathryn L. Nash)		